

Foster Family Home - Corrective Action Report

Provider ID: 1-190054

Home Name: Ahsly Ann Mangunay, CNA

Review ID: 1-190054-3

94-1041B Kaaholo Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 6/22/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. corrective action plan required to CTA within 30 days

The issue of no approved caregiver present at the time of inspection will be addressed under separate cover

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Client # 1 Service plan is missing completely.

Client #2: no service plan in the client binder since 07/2020

Service plan has for [REDACTED] but no daily flow sheet documentation since Feb 2020. Client #2 service plan lists for [REDACTED] but there is no MD order for [REDACTED] located in client binder

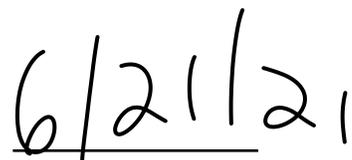
54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

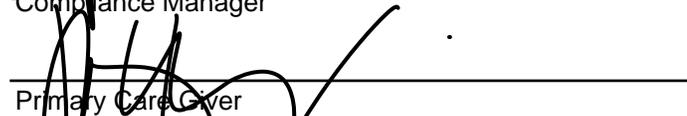
54.(c)(8) Client # 1 and 2 No client belonging record documentation

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out for June for client # 1, client # 2 is missing daily documentation since 2/2020 including [REDACTED] monitoring. [REDACTED] monitor confirms no readings have been taken since 03/2020 and all [REDACTED] are expired, some expired by 5 years

54.(c) Several Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders. Unable to complete medication reconciliation for client # 2 as no MAR or recent MD orders for medication schedule (since 2020) was present. Client # 1 MAR and daily flow sheet not documented since May 21 2021


Compliance Manager


Date


Primary Care Giver


Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Ahsly Ann Mangunay
(PLEASE PRINT)

CCFFH Address: 94-1041 B. Kaaholo St. Waipahu HI, 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (2)	I requested a copy of both Client #1 and Client #2 of their client service plan from both of clients case management agency.	6/23/21	Always keep track of Client #1 and Client #2 updated client service plan at all times and to always double check with CMA for any changes.
54.(c) (5)	I made an appointment with Client #2 PCP and requested for medication reconciliation and requested to sign off on clients discharged medications to be updated.	7/12/21	Always keep an updated medication checklist every after doctors visit and keep in clients binder at all times. Go through client binders every month to check anything that needs to be updated.
54.(c) (6)	I completed and updated all of Client #1 and Client #2 missing documentation, flow sheets, client observation sheets and other significant events to be kept in both clients binder at all times.	7/15/21	Keep in mind to always fill up and sign off all of clients flow sheets, client observation sheets and other significant events everyday to be kept in client binder. Go through client binders every month to check anything that needs to be updated.
54.(c) (7)	All of Client #1 allowance is handled by clients son/family and does not have possess anything in cash value since admitted. Made arrangement with Client #2 to sign an agreement that her allowance would go towards her phone bill every each month.	7/7/21	To always keep all of clients allowance and other spending activities to be documented at all times. Go through client binders every month to check anything that needs to be updated.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 7/21/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Ahsly Ann Manganav

(PLEASE PRINT)

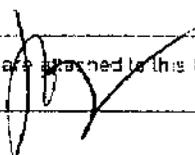
CCFFH Address: 94-1041 B. Kaaholo St. Waipahu HI, 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (S)	I documented all of Client #1 and Client #2 list of belongings personal inventory and made clients and family review and sign documentations for their knowledge.	7/7/21	Make sure to update all changes on clients personal inventory and have both clients and family review and sign for their knowledge. Always go through both clients binder to double check anything that needs to be updated at least every month.

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: _____

7/21/21

CTA has reviewed all corrected items